STANDARD CERTIFICATE OF DEATH Primary Registration District No. 48			THE DIVISION OF HEALT		59-	-013118
1. FLACE OF PEATY Howell					STATE	
S. COUNTY Howell Sension of County Howel Sension of House Sension of County Howel Sension of House Sension of County Howel Sension of House Sensio	L	TIFUMAY 11 10 Togistration District No	Pri	mary Registration District No	3025 Reg	gistrar's No. 48
CRITICAL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. FULL NAME OF (If NOT in hospital), give location) C. S. FULL NAME OF LOCATION C. COLOR OR NACE C. COLOR OR NACE C. COLOR OR NACE C. COLOR OR NACE C. MARTIHA KENNINGY DEATH ADDRESS S. SEX KENNINGY D. S. DATE OF BIRTH Oct. 26, 1870 B. B. DATE OF BIRTH Oct. 26, 1870 C. DATE OF BIRTH Oct. 27, 1870 C. DATE OF B		1. PLACE OF DEATH G. COUNTY HOWELL			here deceased lived. If in b. COUNTY	stitution: Residence before I Owe 1 1 dmission
ADDRESS ADDR		OR Wort Dlains	1	OR West	Plains 64	<i>[[] </i>
3. MANE OF DECEASED Comparison MARTHA Middle MARTHA MAR		c. FULL NAME OF (If NOT in hospital, give location HOSPITAL OR 311 W. Main St	n) Length of stay in 1b 72 yrs	d. STREET ADDRESS 311	W. Main St	ion) Reside on Farm Yes No K
MARTHA KENNEY DEATH ADDITION 1. S. SEX 6. COLOR OR RACE Temale White White Whowed Expression Divorced		(Type or print)	Middle		OF	
Temale White Whose Devoke Dev		MARTHA				
10. UULL OCCUPATION (Give stand of each dame design stand of each dame design stand of working life, even if rating) 11. BIRTHPLACE (Gity and state or country) 12. CITIZEN OF WHAT COUNTRY 13. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one court, ger line for (c), (b), and (c). 18. CAUSE OF DEATH WAS CAUSED BY: 19. DEATH WAS CAUSED BY: 19. DEATH WAS CAUSED BY: 19. DUE TO (b) 19. BAS AUTOPSY PERFORMED? 20. ACCIDENT SUICIDE HOMICIDE 20. ACCIDENT SUICIDE HOMICID		MARK			9. AGE (In years IFUN 88 ast birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
Andrew J. Sundbye Is. NAS DECEASED EVER IN U. S. ARRED FORCES? Is. WAS DECEASED EVER IN U. S. ARRED FORCES? Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) A TERIO S CEROTIC Meter only one cause per line for (a), (b), and (c).) Condition, if one, and the state of service) DUE TO (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not religible to the terminal disease condition given in PART II (a) PROPERTY OF HOUR Month, Doy, Year and INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Doy, Year and INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury of the terminal disease condition given in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury of the terminal disease condition given in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury of the terminal disease condition given in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury of the total condition of injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury of the total condition of injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury in PART II of item 18.) 20c. TIME OF HOUR Month, Doy, Year and Injury in PART II of item 18.) 20c. TIME OF HOUR MONTH (INJURY OCCURRED injury in PART II of item 18.) 20c. TIME OF HOUR MONTH (INJURY OCCURRED injury in PART II of item 18.) 20c. TIME OF HOUR MONTH (INJURY OCCURRED injury in PART II of item 18.) 20c. TIME OF HOUR MONTH (INJURY	1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINI INDI		T T T T T T T T T T T T T T T T T T T		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, p. undrown) [11] Fas, give were reduce of services of the part of the p	1		136. MOTHER'S MAIDEN NA	WE	14. NAME OF HUSBAND O	R WIFE
New Part Conditions, if any, which gove rise to desert a course of the part Death Was Cause of by Death Was Cause of		Andrew J. Sundbye	unk.		J. Ed. Kenr	ney
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If eny, which gove rise to above cause (id) Implied to the per line to above cause (id) DUE TO (b) BIERIOS CEROTIC TERT Conditions, If eny, which gove rise to above cause (id) Implied Cause last. DUE TO (b) BIERIOS CEROTIC TERT ACCOMMENTATION DUE TO (c) PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not religied to the terminal disease condition given in PART II (a) PERFORMED DO. ACCIDENT SUICIDE HOMICIDE DO. ACCIDENT SUICIDE INJURY OCCURRED WHILE AT DOT WHILE DO. PLACE OF INJURY (e.g., in or about home, long and lost saw her alive on possible to the possible form, colory, street affice bidg, etc.) Do. Do. Do. Do. Do. Do. Do. CITY, TOWN, OR LOCATION COUNTY STATE Do. Do. Do. CITY, STORM, or LOCATION COUNTY STATE Do. Do. Do. Do. Do. Do. Do. CITY, STORM, or LOCATION COUNTY STATE Do. Do. Do. Do. Do. Do. Do. CITY, TOWN, OR LOCATION COUNTY STATE Do. Do. Do. Do. Do. Do. Do. CITY, TOWN, OR LOCATION COUNTY STATE Do. Do. Do. Do. Do. Do. Do. Do. Do. CITY, TOWN, OR LOCATION COUNTY STATE Do.	1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service)				le, Alabama.
which gove rise to above course (a) stering the under-last (b) stering the under-last (c) stering the under-last (c) stering the under-last (d) stering the under-last (e) performed the terminal disease condition given in PART I (e) PERFORMED? Describe Describ		IMMEDIATE CAUSE (a) ### OCARUMA FN PARC 1101 / 0 /////////				
20. ACCIDENT SUICIDE HOMICIDE 20. ACCIDENT SUICIDE HOMICIDE 20. ACCIDENT SUICIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20. TIME OF Hour Month, Day, Year INJURY d.m. 20. INJURY OCCURRED 20. PLACE OF INJURY (e.g., in ar about hame, p.m. 20. Injury OCCURRED WHILE AT MOT WHILE 21. I attended the deceased from Dear Occurred at State of accurred at State of above; and to the bear of my knowledge, from the causes stated. 22. SIGNATURE (Degresor title) 22. ADDRESS 22. ANAR OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, 235. DATE 24. ADDRESS ANTER PUNEBAL ROME WEST PLAINS, MO. 25. DATE RECO. BY LOCAL REG. 26. RECIPITIAR'S SIGNATURE COLUMN COLLABORY 26. CITY, TOWN, OR LOCATION COUNTY STATE ADDRESS ARTER PUNEBAL ROME WEST PLAINS, MO. 26. CITY, TOWN, OR LOCATION COUNTY STATE 26. CITY, TOWN, OR LOCATION COUNTY STATE PURE SIGNED 27. DATE SIGNED 28. ADDRESS ARTER PUNEBAL ROME WEST PLAINS, MO. 25. DATE RECO. BY LOCAL REG. 26. RECIPITAR'S SIGNATURE COLUMN COUNTY COUNTY STATE PUNEBAL DIRECTOR ADDRESS ARTER PUNEBAL ROME WEST PLAINS, MO. 26. CITY, TOWN, OR LOCATION COUNTY STATE COUNTY STATE 29. DATE SIGNED 29. DATE RECO. BY LOCAL REG. 26. RECIPITAR'S SIGNATURE COLUMN COUNTY COUNTY COUNTY STATE COUNTY STATE COUNTY COUNTY STATE COUNTY STATE COUNTY COUNTY STATE COUNTY COUNTY STATE COUNTY COUNTY STATE COUNTY STATE COUNTY COUNTY COUNTY COUNTY STATE COUNTY COUNTY COUNTY STATE COUNTY COUN	2	which gove rise to above cause (a), stating the under-	17 E R 10 S	LIEMOJIOJA	4.200	S
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE form, setary street affice bldg, etc.) 21. I attended the deceased from Dearg occurred at 6:15 peme m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree for title) Degree for title) 224 ADDRESS 23a. BURISL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Durisl Apr 28, 1959 Oak Lawn Cemetery West Plains, Missouri 25. DATE RECO. BY LOCAL REG. 26. REDISTRAR'S SIGNATURE OCCURRED. West Plains, Missouri 25. DATE RECO. BY LOCAL REG. 26. REDISTRAR'S SIGNATURE OCCURRED. West Plains, Missouri 25. DATE RECO. BY LOCAL REG. 26. REDISTRAR'S SIGNATURE OCCURRED.	PTIFICATION	1. PNEUMONITIS,	2. ARTE	RIOSCIEROS	IS OENER	PERFORMED?
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REMOVAL (Specify) Apr. 28, 1959 Oak Lawn Cemetery West Plains, Missouri 21. FUNEAU DRECTOR ADDRESS CARTER PUNEPAL ROME WEST PLAINS, MO. 5-6-59 ACATICE COK			<u> </u>		Cainsil	
ADDROSS CANTER PUNEPAL NOME 25. DATE RECD. BY LOCAL REG. 26. RECHSTRAR'S SIGNATURE COCK	2:	REMOVAL (Specify)		1		
	7	H FUNEAU PRECTOR ADDOGS	ARTER PUNERAL ROME 25. D	ATE RECD. BY LOCAL REG. 20	S. RECHSTHAR'S SIGNATUR	E ()
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STATEMENT BY LICENSED EMBALMER

by me. or by	`	, Student Embalmer No.
		•
working under my persons	al supervision.	11
		Signed Sal Jaour Gu
Churdons		Signed / ()

Licensed Embalmer No. 3.4.0.

P. O. Address CARTER FUNERAL H
WEST PLAINS, MO
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failule

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting If this body is not embalmed, fact should be so stated above.